Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

|  | (   | CLAIMS AS                                 |                   |              | SMALL ENTITY                    |                  | OTHER THAN |                             |                        |    |                        |                        |
|--|---|---|-------------------|--------------|---------------------------------|------------------|------------|-----------------------------|------------------------|----|------------------------|------------------------|
| TO:  | TAL OLABAO  |   | (Column 1)        |              | (Column 2)                      |                  | T          | TYPE                        |                        | OR | SMALL                  | ENTITY                 |
| TOTAL CLAIMS   |   |   | 23                |              |                                 |                  |            | RATE                        | FEE                    |    | RATE                   | FEE                    |
| FOR  |   |   | NUMBER FILED      |              | NUMBE                           | ER EXTRA         |            | BASIC FEE                   | 355.00                 | OR | BASIC FEE              | · 710.00               |
| TOTAL CHARGEABLE CLAIMS                                  |   |   | 23 minus 20=      |              | * 3                             |                  | l          | X\$ 9=                      | 27                     | OR | X\$18=                 |                        |
| IND  | EPENDENT CLA  | NIMS                                      |                   |              | *                               |                  |            | X40=                        |                        | OR | X80=                   |                        |
| MUI  | TIPLE DEPEND  | DENT CLAIM PI                             | ESENT             |              |                                 |                  | Ī          | +135=                       |                        | OR | +270=                  |                        |
| * If the difference in column 1 is less than zero, enter |   |   |                   |              | r "0" in c                      | olumn 2          | i.         | TOTAL                       | 3-82                   | OR | TOTAL                  |                        |
| CLAIMS AS AMENDED - PART II                              |   |   |                   |              |                                 |                  |            | 3                           |                        |    | OTHER                  |                        |
|  |   | (Column 1)                                | Cart of the cart  | (Colu        |                                 | (Column 3)       |            | SMALL                       | ENTITY                 | OR | SMALL                  | ENTITY                 |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | · (4)             | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |            | RATE                        | ADDI-<br>TIONAL<br>FEE |    | RATE                   | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus             | **           |                                 | =                |            | X\$ 9=                      |                        | OR | X\$18=                 |                        |
|  | Independent   | *   | Minus             | ***          | T OL A134                       | =                |            | X40=                        |                        | OR | X80=                   |                        |
|  | FIRST PRESE   | VIATION OF M                              | OLTIPLE DEP       | ENDEN        | I CLAIM                         |                  | ן נ        | ÷135=                       |                        | ŌŔ | ÷270_                  |                        |
|  |   |   |                   |              |                                 |                  | ı          | TOTAL                       |                        | OR | TOTAL                  |                        |
|  |   |   | ADDIT. FEE        |              |                                 | ADDIT. FEE       |            |                             |                        |    |                        |                        |
|  | RM C  | (Column 1)<br>CLAIMS                      |                   |              | ımn 2)<br>HEST                  | (Column 3)       | <b>1</b> 1 |                             | ADDI-                  |    |                        | ADDI-                  |
| AMENDMENT B  | dia Ap.   | REMAINING<br>AFTER<br>AMENDMENT           | . 1               | PREV         | MBER<br>IOUSLY<br>D FOR         | PRESENT<br>EXTRA |            | RATE                        | TIONAL<br>FEE          |    | RATE                   | TIONAL<br>FEE          |
|  | Total   | *   | Minus             | **           |                                 | =                |            | X\$ 9=                      |                        | OR | X\$18=                 |                        |
|  | Independent   | *   | Minus             | ***          |                                 | <u> </u> =       |            | X40=                        |                        | OR | X80=                   | ·                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                   |              |                                 |                  | J          | +135=                       |                        | OR | +270=                  |                        |
|  |   |   |                   |              |                                 |                  |            | TOTAL                       |                        | 1  | TOTAL                  |                        |
|  |   |   |                   |              |                                 |                  |            | ADDIT. FEE                  | L                      | OR | ADDIT. FEE             |                        |
| <b> </b>   |   | (Column 1)                                |                   |              | umn 2)                          | (Column 3)       | <u>ነ</u> . |                             |                        |    |                        |                        |
| AMENDMENT C  | 00  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUI<br>PREV  | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |            | RATE                        | ADDI-<br>TIONAL<br>FEE |    | RATE                   | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus             | **           |                                 | =                |            | X\$ 9=                      |                        | OR | X\$18=                 |                        |
| AME  | Independent   | *   | Minus             | ***          | IT OLAIN                        | =                | 4          | X40=                        |                        | OR | X80=                   |                        |
| -  | FIRST PRESENTATION OF MULTIPLE DEPENDE                        |   |                   |              | VI CLAIN                        | /1               |            | +135=                       |                        | OR |                        |                        |
| ·  | If the entry in colu  | mn 1 is less than                         | the entry in colu | mn 2, wr     | ite "0" in c                    | olumn 3.         | O. "       | TOTAL                       |                        | OR | TOTAL                  |                        |
| "  | If the "Highest Nu<br>*If the "Highest Nu<br>The "Highest Nun | mber Previously                           | Paid For" IN TH!  | S SPACE      | E is less th                    | an 3, enter "3." | 1          | ADDIT. FEE<br>und in the ap |                        | #  | ADDIT. FEE<br>olumn 1. | Ē <b></b>              |